

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-027210

STATE FILE NUMBER

Registration District No.

38

Primary Registration District No.

8006

Registrar's No.

522

DO NOT WRITE
ON THIS STUB

AMENDED

FILED AUG 5 1963

| | | | |
|--|---|--|---|
| 1. PLACE OF DEATH a. COUNTY Boone | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cooper | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) Columbia | | c. CITY OR TOWN Bunceton | |
| Length of stay in b. 63 days | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Ellis Fischel State Cancer Hospital | | d. STREET ADDRESS (If outside, give location) | |
| Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last Raymond Robert Bishop | | 4. DATE OF DEATH Month Day Year July 29 1963 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 7-30-08 |
| 9. AGE (last birthday) 54 years | | IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Laborer | | 10b. KIND OF BUSINESS OR INDUSTRY Agriculture | |
| 11. BIRTHPLACE (City and state or country) Versailles, Missouri | | 12. CITIZEN OF WHAT COUNTRY U.S.A. | |
| 13a. FATHER'S NAME Crawford B. Bishop | | 13b. MOTHER'S MAIDEN NAME Sarah Frances Richards | |
| 14. NAME OF HUSBAND OR WIFE Bertha Bishop | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown | |
| 16. SOCIAL SECURITY NO. Unknown | | 17. INFORMANT Ellis Fischel Records, Columbia, Missouri | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hemorrhage, massive Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cancer of Hypopharynx DUE TO (c) | | INTERVAL BETWEEN ONSET AND DEATH 10 minutes 6 months | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | | |
| 21. I attended the deceased from July 1, 1963 to July 29, 1963 and last saw him alive on July 29, 1963 Death occurred at 3:10 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated. | | 22a. SIGNATURE (Degree or title) Raul Mercaderes Jr. M.D. | |
| 22b. ADDRESS Ellis Fischel State Cancer Hosp. | | 22c. DATE SIGNED 29 July 63 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE July 31, 1963 | 23c. NAME OF CEMETERY OR CREMATORY Versailles City | 23d. LOCATION (City, town, or county) Versailles Mo. |
| 24. FUNERAL DIRECTOR Bowling Funeral Home Inc. Versailles, Mo. | 25. DATE RECD. BY LOCAL REG. July 29 1963 | 26. REGISTRAR'S SIGNATURE Mrs R.E. Palmer | |

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

0 - 8

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

John P. Bouch

Licensed Embalmer No. 5150

P. O. Address Calvinia, mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.